

## LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH



MARVIN J. SOUTHARD, D.S.W. Director ROBIN KAY, Ph.D. Chief Deputy Director RODERICK SHANER, M.D. Medical Director

April 19, 2013

Dear Fee-for-Service Network Provider:

The Los Angeles County Department of Mental Health (DMH) is providing a process for voiding FFS Network Provider Direct Data Entry (DDE) claims. As you know the Department is unable to make revisions to the System Functionality of the Integrated System's (IS) Administrative component. Therefore, the Department has implemented a workaround void process to help prevent providers from submitting erroneous claims and having to resolve denials via the Alternate Dispute Resolution – Appeals process. This workaround process allows providers the opportunity to receive full payment for their claims rather than receiving deductions for any issues or lack of documentation found during the appeals process.

When necessary to void a claim for any reason, it is imperative that all providers contact the Provider Relations Unit using the attached Void Claim Form and provide the appropriate information for all claims that need to be voided. Should you have any claims to void, please complete the Void Claim Form and send it to the Provider Relations Unit either via fax at (213) 351-2024 or by email at FFS2@dmh.lacounty.gov.

Electronic Data Interchange (EDI) submitters will continue to use the "replace" function.

If you have any questions, feel free to contact the Provider Relations Unit at (213) 738-3311 or by email at <a href="ffs2@dmh.lacounty.gov">FFS2@dmh.lacounty.gov</a>.

Thank you in advance for your cooperation in this matter.

Sincerely,

Pansy Washington

Managed Care Division

District Chief

## COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH OFFICE OF THE MEDICAL DIRECTOR

Provider Relations Unit

## **VOID CLAIM FORM**

Billing Provider ID:

Please return this completed form to the Provider Relations Unit via fax at: (213) 351-2024 or email at: FFS2@dmh.lacounty.gov.

Billing Provider Name:

Service Location:		
IS Claim Number	Client's Medi-Cal CIN	Date of Service